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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: RAMBALDI et al.

Attorney Docket No.: SGSTP009D1/97-B-068D1

Application No.: 10/613,830

Examiner: Hannett, J.

Filed: July 3, 2003

Group: 2622

Title: PIXEL CORRECTION SYSTEM
AND METHOD FOR CMOS IMAGERS

Confirmation No: 6799

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on 10/12/07 addressed to the Commissioner for Patents, Mail Stop RCE, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: _____

Danielle Jones

**REQUEST FOR CONTINUED EXAMINATION (RCE)
(37 CFR §1.114)**

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) of the above-identified application.

1. Submission required under 37 C.F.R. §1.114:

- a. ☐ Previously submitted
 - i. ☐ Consider the amendment/reply under 37 C.F.R. §1.116 previously filed on _____. (Any unentered amendment referred to above will be entered.)
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - iii. ☐ Other _____.
- b. ☒ Enclosed
 - i. ☒ Amendment/Reply
 - ii. ☐ Affidavit/Declaration
 - iii. ☐ Information Disclosure Statement with Form PTO-1449
☐ Copies of IDS Citations
 - iv. ☐ Other _____.

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2. **Fees:** (The RCE fee is required at the time the RCE is filed.)

Fee Calculation (37 CFR §1.16)

Fee for Request for Continued Examination Under 37 C.F.R. §1.17(e)	\$790 =	\$790.00
TOTAL		\$790.00
SMALL ENTITY 50% FILING FEE REDUCTION (if applicable)		

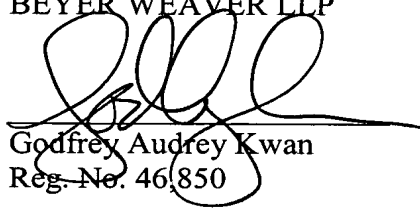
- ☐ a. Applicants hereby petitions for a ____ month extension of time.
- ☒ b. Applicants believe that no additional extensions of time are required. However, if it is determined that such an extension is required, Applicants hereby petition that such an extension be granted and authorize the Director to charge the required fees for an extension of time under 37 CFR §1.136 to Deposit Account No. 500388.
- ☐ c. Enclosed is our Check No. ____ in the amount of \$ ____ to cover the RCE fee, extension of time and additional fees.
- ☒ d. The Director is authorized to charge the required RCE fees or any additional fees to Deposit Account No. 500388 (Order No. SGSTP009D1).
3. ☒ Please continue to send correspondence to the following address:

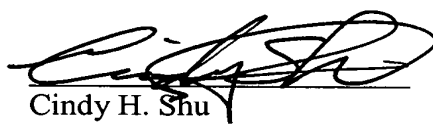
Customer Number 022434

022434

Respectfully submitted,

BEYER WEAVER LLP


Godfrey Audrey Kwan
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